



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8503

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|
| SERIAL NUMBER 10/523,092 | FILING OR 371(c) DATE 04/04/2005 RULE | CLASS 210 | GROUP ART UNIT 1724 | ATTORNEY DOCKET NO. 08146.0005U1 |
| APPLICANTS Henning Schramm, Magdeburg, GERMANY; Achim Kienle, Magdeburg, GERMANY; Malte Kaspereit, Wengelsdorf, GERMANY; Andreas Seidel-Morgenstern, Magdeburg, GERMANY; | | | | |
| ** CONTINUING DATA ***** This application is a 371 of PCT/EP03/08347 07/29/2003 | | | | |
| ** FOREIGN APPLICATIONS ***** GERMANY 102 35 385.9 08/02/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | STATE OR COUNTRY GERMANY | SHEETS DRAWING 6 | TOTAL CLAIMS 14 |
| Verified and Acknowledged Examiner's Signature _____ Initials _____ | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS 23859 | | | | |
| TITLE Method and device for chromatographic component separation | | | | |
| FILING FEE RECEIVED 1030 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |